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Atty. Docket No. STE01 P-1045B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**OFFICIAL**

Examiner : Anthony Barfield  
Group Art Unit : 3636  
Applicant : Douglas C. Ball et al.  
Appln. No. : 10/659,662  
Filing Date : September 10, 2003  
Confirmation No. : 3688  
For : CHAIR CONSTRUCTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

**CERTIFICATION OF FACSIMILE TRANSMISSION**

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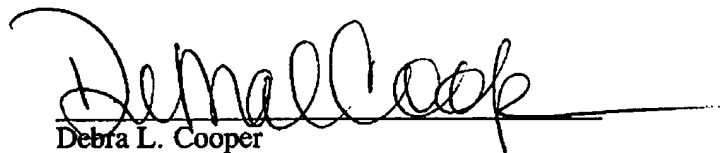
Claims as Amended Form (2 pages)

Amendment under §1.111 (15 pages)

Terminal Disclaimer (2 pages)

**YOU SHOULD RECEIVE A TOTAL OF 20 PAGES (including this cover page)**

June 15, 2004



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 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith are an Amendment under §1.111, Terminal Disclaimer, and return addressed postcard in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

Error! Bookmark not defined.	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 53	Minus	** 36	= 17	x \$9	\$	x \$ 18	\$ 306.00
Independent Claims	* 15	Minus	***4	= 11	x \$43	\$	x \$ 86	\$ 946.00
First Presentation of Multiple Dependent Claims \$145						\$	x \$290	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$1252.00


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Page : 2

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☐ No additional fee is required.
3. ☒ Please charge the amount of \$1252 for added claims fee to Deposit Account No. 16 2463.
4. ☒ Please charge the amount of \$110 for Terminal Disclaimer fee to Deposit Account No. 16 2463.
5. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,  
DEWITT & LITTON, LLP

Date June 15, '04

  
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